PUBLISHED ABSTRACT

Building Inclusive Healthcare for LGBTQ+ Youth: Improving the Collection and Utilization of Patients’ Sexual Orientation and Gender Identity (SOGI) Information, Preferred Names and Gender Pronouns in a Pediatric Clinic

Scott Jelinek, Fatima Toor, Kristian Becker, Kelly Smith, Benjamin Schindel, Nicholas Puoplo, Camille Hebert, Bari Winik, Nicole Mann, Lauren Ambler, Carolyn Birbiglia, Arnoldys Stengel, Laura Nell Hodo, Christopher Tenore and Cynthia Katz

Department of Pediatrics, Icahn School of Medicine at Mount Sinai, New York, NY, US
Corresponding author: Scott Jelinek (scott.jelinek@mssm.edu)

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Background

Transgender and gender diverse youth are more likely than their peers to experience poor physical health and are at higher risk of depression, anxiety, self-harm and suicide [1]. They often have had negative healthcare experiences related to being transgender and gender non-binary (TGNB), including being refused treatment, verbally harassed, physically or sexually assaulted [2]. Fifty percent reported having to teach their provider about TGNB people in order to get appropriate care [3] and another study found that 80% of pediatricians did not ask about sexual orientation during a well visit [4]. Research shows LGBTQ youth value the opportunity to discuss their gender and sexuality with their healthcare provider [5] and addressing TGNB youth by their chosen or preferred name is associated with decreased rates of depression and suicide [5]. Therefore, asking questions about sexual orientation and gender identity (SOGI) is a vital step in the affirmation of a patient’s identity, building of rapport, and can be life saving. At the Mount Sinai Pediatric Associates clinic there is no standardized collection of SOGI information or gender pronouns. We set out to address this need by creating a standardized process for educating pediatric physicians and staff with the goal of increasing their knowledge, skills, and ability to collect, document, and utilize SOGI information.

Methods

The Mount Sinai Health System in New York City recently adapted our electronic medical record (EMR) to easily document patients’ SOGI information and to display patients’ preferred name and gender pronoun in the visit banner (Figures 1 and 2). Our planned interventions to educate pediatric physicians and staff on using the new EMR features include designing in-person and online training and holding staff roundtables to improve physician and staff comfort. As a means to enhance our clinical space to increase TGNB patient comfort, we will create culturally sensitive and inclusive demographic forms and signage within the patient waiting area, and distribute gender pronoun buttons for providers and staff. We will monitor progression of proposed interventions, including: 1) tracking staff completion of in-person and online training 2) measuring staff knowledge and comfort with post training surveys 3) percentage of pediatric patients 12+ years who have preferred name or SOGI documented in the EMR, with the goal of increasing the percentage from 0% to 50% within 3 months.

Results

Currently many providers express lack of comfort and familiarity with obtaining SOGI information. 21 pediatric residents and faculty were surveyed. Only 5% reported knowing how to document gender pronouns in the medical record and 0% knew how to document preferred names. Only 20% reported asking their patients “often” about gender pronouns and 0% “always ask.” The most common reason participants cited for not asking about SOGI information was lack of comfort, low level of confidence in their ability to properly obtain and document SOGI information from their patients, and minimal education and training.
Figure 1: SOGI Questions in Epic.

Figure 2: Preferred Name and Preferred Pronoun in Epic Banner.
Conclusions
Through a multi-faceted approach to educating providers and staff in our pediatric clinic, we hope to increase comfort, ease, and accuracy in obtaining SOGI information. Increased awareness about SOGI information will help to strengthen the patient-provider relationship and could positively transform the experiences of our TGNB youth. Additional study will aim to establish a sustained impact of our interventions and should address healthcare disparities among this population.

References